

Entry Blank—Please Type or Print

have

☐ Ms./Artist
☒ Mr./Artist CARL GOMBERT (last name last)

Permanent Address 1032 W. MARKET ST #6 AKRON
Street City 867-0596 or
44313 Daytime Tel. (216) 489-3090
Zip area

Temporary or Studio Address SAME
Street City
Daytime Tel. ()
Zip area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? _____

Collaborator (if any) _____

If May Show entries are not accepted or are not sold:

- ☒ Artist will pick up at Museum.
☐ Museum should dispose of.
☐ Museum should ship to artist at artist's expense:

Street

City State Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature Carl Gombert

I have received the unsold/unaccepted object(s) in good condition.

Signature Carl Gombert

Entry Blanks

A

☒ Paintings
☐ Sculpture

☐ Graphics
☐ Crafts

☐ Photography
(specify category)

Materials used (media):

OILS

Title

AFTERNOON DOWNTOWN

Price or NFS

Insurance Value
If NFS Only

Size 42" x 60"
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in
Edition

Price of Print
Unframed

Price of
Frame Only

ACCEPTED

DO NOT WRITE IN THIS SECTION

ACCEPTED

NOT ACCEPTED

NOT ACCEPTED

B

☒ Paintings
☐ Sculpture

☐ Graphics
☐ Crafts

☐ Photography
(specify category)

Materials used (media):

OILS

Title

CUYAHOGA RIVER

Price or NFS

Insurance Value
If NFS Only

Size 48" x 48"
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

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Edition

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Unframed

Price of
Frame Only

ACCEPTED

DO NOT WRITE
IN THIS SECTION

ACCEPTED

REC'D

NOT ACCEPTED

NOT ACCEPTED

DATE